



Dan Bucks
Director

Montana Department of Revenue



Brian Schweitzer
Governor

Request for Copies of Tax Information

Additional information may be required to process your request.

Name: _____

(Please print)

Social Security Number/FEIN: _____

Contact Phone Number: _____

Requested copy of tax information for year(s) _____

☐ Check this box if you need the supporting documentation for the year(s) requested.

Signature: _____

if you choose to receive your information via fax or mail please verify the necessary information;

Mailing address:

Fax to: _____

All information must be provided to process your request.

If your request is by mail, send the request and payment to:

Montana Department of Revenue
Attn: Processing and Retention Operations
PO Box 5805
Helena MT 59604-5805

Requests may be faxed to (406) 444-1505.

There is a 50¢ per page charge for this service. A standard return is two pages. Additional schedules and documents must be requested.

Please indicate on your check memo line that the payment is for a copy(ies) of a tax return(s).

MONTANA
Request Form
Rev. 2-09